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DEPARTMENT OF THE NAVY
Office of the Chief of Naval Operations
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OPNAV INSTRUCTION 5350.4B
CHANGE TRANSMITTAL 2

From: Chief of Naval Operations
To: All Ships and Stations (less Marine Corps field addressees not having Navy personnel attached)

Subj: ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL

Encl: (1) Revised pages 5 through 7 of enclosure (1), enclosure (2), and pages 5 and 6 of enclosure (6)

1. Purpose

a. To revise the definition of alcohol rehabilitation failure.

b. To delete the role of the Armed Services Medical Regulating Office (ASMRO) in the allocation of bed space at Level III facilities.

c. To add administrative screening of members who do not meet physical readiness standards and monitoring aftercare for obesity treatment to the responsibilities of the Drug and Alcohol Program Advisor (DAPA).

d. To add oversight of the clinical supervision contract to the responsibilities of the Officer in Charge, BUPERS Detachment, Drug and Alcohol Program Management Activity (DAPMA).

e. To eliminate the Level I Program Management (LPM) course as entry-level training for DAPAs.

f. To change the name of Alcoholism Orientation for Health Care Providers (AOHCP) to Addiction Orientation for Health Care Providers.

g. To revise information concerning OPNAV 5350/7.

2. Action

a. Make the following changes to paragraph 8b on page 9 of the basic instruction

(1) Change the date for OPNAV 5350/7 ("1-86") to read "6-92";

(2) Change the stock number "0107-LF-053-5565" to read "0107-LF-011-8900."

b. Remove pages 5 through 7 of enclosure (1), enclosure (2), and pages 5 and 6 of enclosure (6), and replace with enclosure (1) of this change transmittal.

c. Make the following changes to enclosure (11):

(1) In paragraph 2c on page 1 change "Alcoholism" to read "Addiction";

(2) In paragraph 4a and the first line of paragraph 4c on page 5 change "Alcoholism" to read "Addiction";

(3) In paragraph 4e on page 6 delete the last sentence ("DAPA training can also be obtained through the Level I Program Management (LPM) Course.");

(4) In paragraph 4f on page 6 delete the fourth sentence ("LPM meets the requirement for DAPA training.").

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**SNDL Parts 1 and 2**

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Intervention. The process of obtaining, at the earliest possible time, the potential patient's acceptance of the need for rehabilitation due to self-destructive drinking or other drug abuse. Consultation with the professional staff at a CAAC, NAVALREHCEN, ARD or an Employee Assistance Program (EAP) is expected before an intervention is conducted.

Marijuana. Any intoxicating product of the hemp plant, cannabis (including hashish) or any synthesis thereof. For purposes of this instruction, the terms "marijuana" and "cannabis" are used interchangeably.

Narcotics. Any opiates or opiate derivatives including their synthetic equivalents. Some common narcotics are: morphine, codeine, heroin, Methadone, Talwin, Percodan, and Darvon.

Navy Alcohol and Drug Safety Action Program (NADSAP) Office. A facility providing educational programs for alcohol/drug abuse prevention. The NADSAP office provides civilian court interface for DWI and similar offenses, support and coordination in alcohol/drug abuse prevention to local and afloat commands and a member to the regional NDAAC as required. NADSAP offices are usually collocated with a Counseling and Assistance Center (CAAC).

Navy Drug and Alcohol Counselor (SNEC 9519). A graduate of the Navy Drug and Alcohol Counselor School who has successfully completed a 1-year supervised internship and who has earned secondary Navy Enlisted Classification (SNEC) 9519 through successful completion of the Certification Examination. Provides evaluation and referral services at the local CAAC, ARC, and/or ARD to assist local commands in processing individuals identified as alcohol or other drug abusers. Provides individual and group counseling services to military alcohol or other drug abusers. Provides a contact point for commands and individuals seeking assistance or information concerning alcohol or drug abuse and/or abuse control programs.

Navy Drug and Alcohol Counselor Intern (SNEC 9522). Those persons who have successfully completed the Navy Drug and Alcohol Counselor School and are in training to become credentialed Navy Drug and Alcohol Counselors.

Physical/Physiological Dependence. An alteration to an individual's physiology or state of adaptation to a drug or alcohol evidenced by a pattern of pathological use, impaired social or occupational functioning, tolerance or withdrawal symptoms when use is abruptly discontinued.

Polysubstance Abuse. The abuse of two or more drugs during the same relative time period, not necessarily simultaneously, where none can be considered the primary drug of abuse to the exclusion of others.

Prescription Dependence. The dependence on drugs prepared for and dispensed to an individual under the written direction of a physician. An individual may become dependent upon prescription drugs either through no fault of his/her own or through manipulation of the medical system. Each incident of prescription dependence must be handled on a case-by-case basis to determine the individual's role in the addiction.

Psychological Dependence. The craving or need for the mental or emotional effects of alcohol or other drugs that manifests itself in repeated use and leads to a state of impaired social or occupational functioning.

Recovering Alcoholic. A person whose alcoholism has been arrested through abstinence and active involvement in a 12-step recovery program.

Recovering Drug Addict. A person whose wrongful or improper use of drugs has terminated and whose drug dependence has been arrested through abstinence and active involvement in a 12-step program of recovery.

Rehabilitation. The process of restoring to effective functioning by means of a structured Level II or III therapeutic treatment program those persons who are physiologically or psychologically dependent upon the use of alcohol or drugs or who are screened as habitual abusers.

R) Rehabilitation Failure. Rehabilitation is considered a failure when, in the judgment of the cognizant commanding officer, (1) an individual demonstrates an inability or refusal to participate in, cooperate in, or successfully complete a Level II or III treatment program; (2) an individual returns to alcohol abuse at any time during his or her career following treatment and demonstrates no potential for further useful service; and/or (3) there is a failure to follow a directed aftercare program.

See appendix A to enclosure (7) Matrix Alpha note 2: an individual who incurs a third alcohol incident any time during his/her career, whether dependent or not, is generally considered to have no potential.

Also see MILPERSMAN 3630550, Separation of Enlisted Personnel by Reason of Alcohol Abuse Rehabilitation Failure.

Stimulants. Widely diverse category made up of central nervous system stimulant drugs that increase the behavioral activity of an individual. Some common stimulants are: cocaine, amphetamines, methamphetamines, caffeine, and nicotine.

Tetrahydrocannabinol (THC). The active ingredient in marijuana.

Program Organization Structure

1. Purpose

a. To achieve maximum standardization of alcohol and other drug abuse rehabilitation services throughout the Navy.

b. To achieve and maintain the highest quality of alcohol and other drug abuse program services delivery to eligible Navy personnel.

2. Organization Concept. The NADAP organization functions within the normal Navy chain of command and area coordination structure as outlined in paragraph 7 of this instruction. That organizational structure is presented at appendix A. This enclosure prescribes duties and responsibilities of other commands, facilities, and personnel having unique NADAP mission requirements.

a. Echelon 2 Command Alcohol and Drug Control Officers (ADCOs) manage the alcohol and drug intervention assets of each Echelon 2 command and advise the Echelon 2 commander on the status of local command alcohol and drug policy and procedures. In addition they have staff responsibility for maintaining quality assurance over all program elements under their cognizance, particularly in the areas of professional training, standards and services delivery.

b. Shore activity commanding officers shall:

(1) Take alcohol and drug abuse countermeasures which are consistent with the alcohol and drug abuse threat environment of the base and local community.

(2) Provide adequate facilities and other resource support for alcohol and drug abuse prevention and control programs at field activities.

(3) Encourage tenant activities to actively support the NADAP, particularly alcohol deglamorization.

(4) Ensure that criminal incidents involving alcohol and drug abuse that require investigative assistance are referred to the Naval Investigative Service Command (NISCOM) or appropriate law enforcement agencies in compliance with reference (g).

(5) Comply with the provisions of references (a) through (f) regarding their civilian employees.

(6) Comply with the provisions of reference (g) regarding coordination between law enforcement and security agencies.

(7) Ensure that an adequate inspection program is in effect covering persons, vehicles, and property entering and exiting naval installations, vessels, and aircraft.

(8) Establish, as appropriate, a base/station level advisory council, similar to the regional NDAAC, to coordinate and monitor command and tenant activity alcohol and drug abuse control programs.

(9) Designate a senior individual to represent the activity on the regional NDAAC.

c. Commanding Officers, Naval Alcohol Rehabilitation Centers (NAVALREHCENs) report to the Chief of Naval Personnel (CHNAVPERS) as identified in appendix A. They provide expertise to the major claimants as requested and also report, in an additional duty (ADDU) status, to the Regional Coordinator of the area in which they serve. In that capacity they provide the Regional Coordinator with the latest information on alcohol/drug abuse, represent rehabilitation programs at the Regional NDAAC, provide technical advisory assistance when requested by major commands concerned in the administration of the local CAAC/NADSAP facilities and provide professional training for selected NADAP personnel.

R) d. Officer in Charge, BUPERS Detachment, Drug and Alcohol Program Management Activity (DAPMA) reports to CHNAVPERS as indicated in appendix A. DAPMA's mission is to provide and evaluate primary alcohol and other drug prevention services Navywide in support of the NADAP. Additionally, DAPMA administers the contracts for the Navy Alcohol and Drug Safety Action Program (NADSAP) and for clinical supervision of counselors and counselor interns. DAPMA provides Program Standardization and Quality Assurance (PS&QA) team members to evaluate NADAP program elements, both internal (e.g., within a CAAC) and external (e.g., base/station programs).

e. Unit Commanding Officers and Officers in Charge are responsible for NADAP implementation at the command level. They shall aggressively support program activities, participate in local advisory councils and use all measures available to eliminate the effects of alcohol and other drug abuse from their commands. They shall use the expertise of Drug and Alcohol Program Advisors (DAPAs) within their command to determine unit threat assessment and case disposition.

f. Counseling and Assistance Center (CAAC) Directors normally report to their cognizant major installation commander. They coordinate the delivery of alcohol and other drug abuse Level II program services as well as prevention program elements within their area of responsibility. CAAC directors are usually officers (NOBC 3350) or chief petty officers (NEC 9519/9522) who have successfully completed the 10-week Navy Drug and Alcohol Counselor School (NDACS) and the Directors Seminar. The director manages site operations and all personnel assigned. Some specific duties are:

(1) Provide screening/referral services for personnel referred by commands or those voluntarily seeking assistance.

(2) Provide a nonresidential counseling program as described in NAVPERS 15514 for personnel and their families (where feasible) who require assistance at that level.

(3) Provide aftercare counseling support for members who have completed a Level II or III program.

(4) Direct and standardize outreach programs (on a not-to-interfere basis) to commands in their assigned area.

(5) Provide a representative to the NDAAC.

(6) When collocated with a NADSAP office, act as director of NADSAP services and point of contact for delivery of NADSAP classes in the local area.

g. Navy Alcohol and Drug Safety Action Program (NADSAP) Offices are organizationally and administratively integrated into the existing CAAC management structure when collocated on a Navy installation or in a common geographic area. When a NADSAP is not collocated with a CAAC, the installation commanding officer shall establish where the NADSAP fits within the organizational structure.

h. Drug and Alcohol Program Advisor (DAPA)

(1) The DAPA is responsible to the commanding officer for (R
the management and administration of the command's Level I alcohol and other drug abuse program and the obesity aftercare program. The nature of the duties performed by the DAPA are such that the DAPA should be a volunteer and a top-performing E-6 or above with 2 or more years remaining until expiration of active obligated service (EAOS) and projected rotation date (PRD). All DAPAs must serve a minimum of 1 year as DAPA following completion of their DAPA training - see paragraph 2h(4). If there are no

eligible E-6s, the command should look for an E-7 or a junior officer to assign as DAPA before considering an E-5 for that position. The DAPA must be a mature individual possessing credibility with officers and enlisted. Only as a last recourse should a command request a paygrade waiver to E-5 provided written justification is submitted. Justification must specify that the E-5 meets all other DAPA criteria and that there are no eligible E-6s or above. An approved waiver at the Echelon 2 level is required for E-5s to attend DAPA training. Pers-63 does not require copies of DAPA waivers. The DAPA must not have had a drug-related or alcohol incident within the last 2 years and, if a recovering alcoholic or drug abuser, must have 2 years sobriety. All DAPAs must meet Navy physical readiness requirements per OPNAVINST 6110.1D. If recovering from chronic obesity, he/she must have 2 years in a program of recovery. The 2-year sobriety or obesity recovery period will not be waived.

(2) All Navy commands are required to have a DAPA. Commanding officers may appoint as many DAPAs as necessary to satisfy command requirements. Commands having more than 1,000 personnel will have at least one full-time DAPA and may have as many assistant (collateral-duty) DAPAs as deemed necessary to appropriately meet the case load. Commands with fewer than 1,000 personnel are encouraged to have a minimum of one full-time DAPA. If it is necessary to assign collateral-duty DAPAs, they will normally be assigned at a ratio of one DAPA per 300 personnel attached. All full-time and collateral duty DAPAs should be designated in writing.

R) (3) The DAPA is responsible to the commanding officer for the alcohol and other drug abuse Level I program and the obesity aftercare program, excluding duties assigned the Urinalysis Coordinator and, in the case of obesity aftercare, the Command Fitness Coordinator (CFC). That includes:

(a) Advising the commanding officer on the administration of the command alcohol and other drug abuse program.

R) (b) Conducting administrative screenings (including reviewing health and service records) of identified alcohol and drug abusers and members who do not meet physical readiness standards to provide the CAAC, the medical officer, and the commanding officer with information for use in determining case disposition.

(c) Coordinating or assisting in the presentation of Level I alcohol and other drug abuse awareness education.

(d) Establishing and monitoring, for designated individuals, a Level I intervention program.

(e) Acting as the aftercare coordinator for the command, coordinating and monitoring the aftercare plan for members who return to the command after completion of Level II or III programs for alcohol and compulsive overeating/food abuse. See enclosures (6) and (7). (R

(f) Serving as the command self-referral procedure agent. See enclosure (5).

(g) Drafting Drug and Alcohol Abuse Reports (DAARs) for the commanding officer's signature. See enclosure (12).

(h) Providing drug and alcohol abuse program information as part of the command orientation process.

(4) An individual assigned as either a full-time or collateral-duty DAPA must successfully complete the Drug and Alcohol Program Advisor (DAPA) course (A-501-0060). Class convening dates are established in the Catalog of Navy Training Courses (CANTRAC), NAVEDTRA 10500. (R

(5) The DAPA should NOT normally be assigned duties as Urinalysis Coordinator (see below) to avoid the appearance of conflict of interest. Further, neither should the DAPA be on the ARD staff for similar reasons.

i. Urinalysis Coordinator (UC) is the advisor to the commanding officer on all matters relating to urinalysis testing including testing methodology, collection and transportation of samples to the Navy Drug Screening Lab (NDSL). He/she should be designated in writing. It is recommended that an officer or chief petty officer perform this duty. The UC should develop a locally-prepared checklist for testing observers and administrative assistants to read and acknowledge prior to commencement of urinalysis testing.

residential rehabilitation is screened for dependency by a physician or clinical psychologist and receives intermediate assistance from a Level II facility.

(5) The length of the member's program at Level II is fixed by the CAAC Director, subject to concurrence of the member's commanding officer. It normally shall not exceed 4 weeks for newly assigned clients, although CAAC services may be used for longer periods when specified as part of an aftercare program. The CAAC counselor verifies the member's attendance at each counseling session.

d. Level III: Residential Rehabilitation Programs

(1) General. Residential rehabilitation is designed for those members who are evaluated and diagnosed as drug or alcohol dependent by a physician or clinical psychologist. The basis for diagnosis should be consistent with current DSM guidelines. Level III is reserved for individuals who possess, in the opinion of their commanding officers, exceptional potential for continued useful service. See enclosure (7) for specific eligibility criteria. Personnel who do not meet the diagnostic criteria for alcohol or other drug dependency will not be admitted for treatment at a residential facility. Level III facilities have a licensed professional therapy staff, including a physician and/or clinical psychologist. Residential rehabilitation programs reflect a multidisciplinary therapeutic approach and are normally 6 weeks long. NOTE: For details on policy relating to Level III treatment for obesity, see OPNAVINST 6110.1D. (R

(2) Referral to Level III. Once the diagnosis of alcohol dependency is made by a physician or clinical psychologist, commands should contact the nearest Level III facility directly for a bed quota. If the primary diagnosis is drug dependency, contact Naval Alcohol Rehabilitation Center (NAVALREHCEN) Miramar, San Diego, California. CAACs will provide the facility with a copy of the Navy Clinical Package and DAAR, if applicable, prior to transfer. If Level III residential rehabilitation is not available within the immediate geographic area of the member's command or if the local residential facility is unable to accept the member within a time frame acceptable to the command, the command should request a bed quota from the next closest Level III facility. Once a bed quota is obtained, the command shall contact the nearest military medical treatment facility (MTF), which will coordinate with the Armed Services Medical Regulating Office (ASMRO), if within CONUS, or the Joint Medical Regulating Office (JMRO), if OCONUS, and the parent (R

command for transportation of the member to the Level III treatment facility. The ASMRO/JMRO systems are utilized to coordinate transportation of patients to the treatment facility and return them to their duty station or point of origin upon completion of treatment.

(a) Commands shall provide to the MTF as a minimum:

- Patient's name, rank, SSN, sex, and branch of service (when applicable).
- Identification of parent command.
- Location of spouse or family member if joint treatment is indicated.
- Diagnosis, including any significant secondary diagnosis (diagnostic code number is not adequate). Commands shall confirm that the member was screened by a qualified DAPA or CAAC and was diagnosed as dependent by physician or clinical psychologist.

A) - Name of accepting Level III facility and its location.

A) - Name of accepting physician at Level III facility.

A) - Dates of treatment (e.g., 1-30 Jan).

R) (b) The MTF shall give the above information to ASMRO/JMRO along with any supplemental information deemed appropriate.

(c) The MTF shall also provide detoxification and preliminary rehabilitation, if indicated.

R) (d) When immediate hospitalization is not required, retain the member at the parent command while awaiting transportation to the Level III facility. When ship movements dictate, the parent command will coordinate with the MTF and the nearest naval station for temporary arrangements to ensure the member's availability for transfer to a NAVALREHCEN/ARD on the mission transfer date. The command may wish to use Level II facilities and programs pending availability of Level III bed space.

R) (e) When the MTF receives the flight assignment, the MTF shall notify the member's command to effect transfer of the member (TAD-TREAT) to the designated Level III site via the aeromedical evacuation (AEROVAC) system.

R) (f) A member will usually be returned to his or her parent command upon successful completion of